

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 542 128

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
1					
2					
3					
4					
5					
6		1			
7					
8					
9					
10					
11		1			
12					
13		1			
14	1				
15	1				
16	1				
17	1				
18	1				
19	1				
20	1				
21	1				
22	1				
23	1				
24	1				
25	1				
26	1				
27	1				
28	1				
29	1				
30	1				
31	1				
32	1				
33	1				
34	1				
35	1				
36	1				
37	1				
38	1				
39	1				
40	1				
41	1				
42	1				
43	1				
44	1				
45	1				
46	1				
47	1				
48	1				
49	1				
50	1				
TOTAL IND.	27	↓		↓	↓
TOTAL DEP.	23	↔	↔	↔	↔
TOTAL CLAIMS	50	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.			↓		
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]